A 50-year old woman was admitted to emergency room due to an episode of recurrent renal colic. Double-J ureteral stent has been placed several weeks earlier due to mild hydronephrosis of the left kidney. She had a history of urinary tract infections and poorly defined abdominal pain. Abdominal computed tomography (CT) scan revealed normal left kidney and normal left urinary tract without calculi, presence of double-J ureteral stent and absent right kidney (Figure 1 - Coronal multiplanar reformatted image). Excretory phase of CT scan showed retrograde opacification of distal, blind-ending, nondilated, nonobstructed right ureteral stump. Visualized structures suggested remnant of the incompletely developed right ureteral bud, with normal position of the right ureteral orifice (Figure 2A, Coronal curved-planar reformatted and

![Figure 1. Abdominal computed tomography scan (Coronal multiplanar reformatted image) shows normal left kidney and normal left urinary tract without calculi, presence of double-J ureteral stent and absent right kidney.](image1)

![Figure 2. Excretory phase of computed tomography scan demonstrates retrograde opacification of distal, blind-ending, nondilated, nonobstructed right ureteral stump. Visualized structures suggested remnant of the incompletely developed right ureteral bud, with normal position of the right ureteral orifice. A) Coronal curved-planar reformatted; B) Volume-rendered image.](image2)
Most blind-ending ureters are detected incidentally and are clinically insignificant. In some cases, though, they may induce recurrent urinary tract infections, renal colic or poorly defined abdominal pain due to present-ed vesicoureteral reflux. Presence of calculi in blind ending urethral bud has been described with the patient having overactive bladder syndrome and dyspareunia.

CONFLICT OF INTEREST
None declared.

REFERENCES